

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009699

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 371

Primary Registration District No. 6259

Registrar's No. 6

FILED MAR 12 1962

VS 300
Rev. 4/59

1120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR ROUTE 3		c. CITY OR TOWN SEYMOUR	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS ROUTE 3	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle LOYD Last MUNN		4. DATE OF DEATH Month 2 - Day 28 - Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 23, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISABLED VETERAN		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) BUFFALO, KANSAS U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME NANCY TURNER	
14. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE IDA MUNN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I + II		17. INFORMANT MRS. IDA MUNN SEYMOUR MO. RT. 3	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:15P a.m. p.m. Month, Day, Year 2/28/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Fordland, Mo.
21. I attended the deceased from 2/28/62 to 2/28/62 and last saw him alive on 2/10/62 Death occurred at 11:15P on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3/5/62	
22a. SIGNATURE (Degree or title) R.P. Schults, M.D.		22b. ADDRESS Fordland, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-5-62	23c. NAME OF CEMETERY OR CREMATORY MURRAY	23d. LOCATION (City, town, or county) DOUGLAS CO. Mo.
24. FUNERAL DIRECTOR Robert Berengren Seymour, Mo.		25. DATE RECD. BY LOCAL REG. MAR. 7-1962	26. REGISTRAR'S SIGNATURE Opal M. Good

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 15 1962

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.